

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP		
1	/						51	/			
2		/					52			/	
3							53				
4		/					54				
5	/						55				
6							56				
7							57				
8	/						58				
9		/					59				
10		/					60				
11		/					61				
12		/					62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.		5		TOTAL IND.		5		TOTAL IND.		5	
TOTAL DEP.		96		TOTAL DEP.		96		TOTAL DEP.		96	
TOTAL CLAIMS		101		TOTAL CLAIMS		101		TOTAL CLAIMS		101	